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fougera®
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URGENT RECALL-RETAIL LEVEL

Ketoconazole Cream 2% 15g Tube
NDC 0168-0099-15 - Lot #: 835H
VOLUNTARY RECALL – 07/19/2012

Please fill out this form completely.

Date_____

Name _____DEA #_____

***DEA # is required, if not provided the processing of your form may be delayed**.

Address_____

City_____ State_____ Zip_____

Contact Name (please print)_____Telephone #_____

Item Description	NDC	Pkg Size	Lot #	Qty of tubes returning
Ketoconazole Cream 2%	**0168-0099-15**	**15 gram tube**	**835H**	

I have checked my stock and:

_____Do not have any stock of the recalled **items**.

OR

Have quarantined and listed in the box above the qty of recalled tubes I will be returning to Inmar. Upon receipt of this Response Form, Inmar will issue return authorization box label(s).

Please indicate the # of box labels needed. _____

If you did not purchase the product directly from the Manufacturer please complete the below section.

Credit will be issued through wholesaler provided below.

Purchased From: Name_____DEA#_____

City_____State_____

.Please fax this form to: 1-817-868-5362 or E-mail recallnotice@inmar.com

If you have any questions regarding this form, product return, or if you have not received your return kit within 7-10 business days, please contact Inmar at 800-967-5952 (Option 1 then Option 3). Office hours 7am to 5pm Mon – Fri CST.

Please do not resubmit your response form

For Internal Use only:

DATA BASE_____ ST LOAD_____ SCANNED_____ RA LABELS_____ KIT_____